

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011132

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 125

FILED APR 2 1963

1. PLACE OF DEATH

a. COUNTY

FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Length of stay in 1b

2 3/4 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2 mi. W. of Pacific, Mo

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Franklin

c. CITY

OR

TOWN

Pacific

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

2 mi. W. of Pacific

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First ERNEST

Middle

H.

Last

PUND

4. DATE

OF
DEATH

Month

3

Day

19

Year

63

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3-12-1917

9. AGE (last birthday)

46

10. IF UNDER 1 YEAR

Months

Days

11. IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FACTORY WORKER

10b. KIND OF BUSINESS OR INDUSTRY

Auto Industry

11. BIRTHPLACE (City and state or country)

FERDINAND, IND.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Pund

13b. MOTHER'S MAIDEN NAME

Catherine (nee: Durchold)

14. NAME OF HUSBAND OR WIFE

Hilda T. Pund

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No No

16. SOCIAL SECURITY NO.

982

17. INFORMANT

WIFE: Hilda T. Pund

Address

Pacific, Mo

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

Injury called after death occurred. In case, never treated this person. Death occurred during sleep.

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
X Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. S. Ruyler D.O.

22b. ADDRESS

Pacific Missouri 3/20/63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-20-63

23c. NAME OF CEMETERY OR CREMATORY

St. Ferdinand Ch. Cem.

23d. LOCATION (City, town, or county)

5 FERDINAND

(State)

IND

24. FUNERAL DIRECTOR

ADDRESS

BECHER FUNERAL HOME FERDINAND
BELL MORTUARY-PACIFIC, MO (IND.)

25. DATE RECD. BY LOCAL REG.

Mar. 20-1963

26. REGISTRAR'S SIGNATURE

Mary B. Grass

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4977

P. O. Address Pacific Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.